

**OKLAHOMA COMMISSION ON CHILDREN AND YOUTH
OFFICE OF JUVENILE SYSTEM OVERSIGHT**

Name of Facility: Kiamichi Youth Services
Date of Visit: November 9, 2005
Oversight Reviewer: Tina Pendergraft, Oversight Specialist
Focus of Visit: Announced Visit
Date: April 25, 2006

General Information

The Office of Juvenile System Oversight (OJSO) conducted an announced visit on November 9, 2005, to the Kiamichi Youth Services' emergency shelter in Idabel, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The facility was licensed by the Division of Child Care of the Department of Human Services (DHS) for ten beds. On the day of the OJSO visit, the census was three.

Persons Interviewed

- Entry interview and exit conference with the Director
- Two staff members
- One resident

Documentation Reviewed

- Two staff files
- Files on two residents
- Quarterly incident report, dated September 8, 2005, by the DHS Office of Client Advocacy
- Inspection report, dated October 20, 2005, by the Office of the State Fire Marshal
- Inspection report, dated August 11, 2005, by the DHS Division of Child Care
- Facility license, dated November 1, 2001, issued by the DHS Division of Child Care
- Inspection report, dated January 19, 2005, by the Oklahoma State Department of Health

Areas Toured

- Four resident rooms
- Two bathrooms

- Food preparation and dining areas
- Laundry room
- Pantry
- Common area
- Activity room

Overview

Interviews

Two staff members were interviewed. The Director expressed the need for a van to transport the children to activities. The OJSO did not note any concerns from the staff interviews and the one resident interview.

Review of Staff Files

The two staff files reviewed indicated:

- One employee had not received orientation training within thirty days of hire. However, the OJSO was informed that their practice had changed since this employee's hire date, and that orientation was provided to newly hired employees within the required time frame.
- Each employee had seven hours of the required twenty-four hours training documented for the year 2005.
- Neither employee had received behavioral intervention training within thirty days of hire.
- One employee's file did not contain verification of annual tuberculin testing, after having a positive reaction to a skin test.

Review of Resident Files

The files reviewed on two residents indicated:

- Both files contained untimely individualized service plans.
- Neither file documented a health screening for the resident.
- Neither file contained a record of immunizations. However, the OJSO was informed that when DHS workers and Office of Juvenile Affairs' workers admit children into the shelter, the requested medical information is not usually provided to the shelter by the workers.

Observation Tour

The OJSO's concerns from the tour of the facility were:

- Mold was identified in a shower.
- A broken table was found in the activity room.

- The exit lights were not operable at the front and rear exit doors.
- Water spots were identified on a ceiling in a bedroom.
- A bent air vent was observed in the common area.
- The pantry floor was carpeted.

Summary

On the day of the OJSO visit, the emergency youth shelter, located in an older building, was well-organized to allow for proper supervision of residents. The facility usually has two staff available. The residents interviewed stated they felt safe at the shelter and their comments were positive regarding staff. The Director and staff demonstrated a caring attitude toward the residents.

Findings

1. Behavioral intervention training was not documented as occurring within thirty days of hire for the employees whose files were reviewed. Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (5), Behavioral intervention techniques, (A)-(E), in part, states, "Within 30 days of employment, all child care staff and those support staff who occasionally provide instruction or training to residents complete training in behavioral intervention techniques"
2. One employee's file did not contain verification of annual tuberculin testing, after having a positive skin test reaction. Department of Human Services licensing standards, Section 153.1, Personnel, (g), Employment requirements, (2), Tuberculin test, (C), states, "Employees with a positive skin test reaction submit annual documentation by medical personnel that signs or symptoms of tuberculosis are not present."
3. Individualized service plans were not documented as having been developed within three days of admittance into the shelter for the two residents whose files were reviewed. Department of Human Services licensing standards, Section 167, Requirements for children's shelters, (f), Service plan, states, "A written service plan is developed and documented for each resident within three days of admission."
4. Health screenings were not documented for the residents whose files were reviewed. Department of Human Services licensing standards, Section 167, Requirements for children's shelters, (e), Admission, (4), states, "Each child remaining in a shelter for over seven days receives a health screening"
5. Mold on the grout in a shower for female residents needed cleaned. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (h), Bathrooms, states, "Bathrooms are maintained in a clean and sanitary condition with adequate ventilation." In addition, Section 163, Health regulations: Buildings, utilities, and grounds, (2), Premises, (C), states, "The premises are . . . maintained free of hazards to children."

6. A broken table in the activity room needed repaired or replaced. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (k), Furnishings and décor, (3), states, "Broken, defective, or recalled furnishings and equipment are repaired or replaced."
7. The exit lights at the front and rear exit doors needed replaced. Department of Human Services licensing standards, Section 165, Construction and fire safety, (4), Exits, (C), states, "Means of exit are adequately lighted . . . at all times to permit safe evacuation of occupants."
8. The ceiling of a bedroom for female residents needed repaired and painted, due to water spots caused from an ice storm. Department of Human Services licensing standards, Section 163, Health regulations: Buildings, utilities, and grounds, (1), Building, (A), states, "Exterior and interior surfaces are maintained in sound condition, free of holes, peeling paper, and paint."
9. An air vent that was bent needed replaced. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (k), Furnishings and décor, (3), cited above in Item 2, addresses this concern.
10. The pantry floor, which had fairly new carpet that was not soiled, needed replaced with a covering other than the carpet. Department of Human Services licensing standards, Section 164, Food service and sanitation requirements, (14), Food preparation and service areas, (A), Floors, (i), states, "The floor surface in all rooms or areas in which food is stored or prepared is of smooth, non-absorbent materials. Unsealed concrete and carpet are not permitted."

TP:js

